

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/15/03.

I. DISPUTE

Whether there should be reimbursement for 97110 – therapeutic exercises, dated 5/9/03, reduced by the carrier on the basis of “F” – reduced per the Medical Fee Guideline and “C” – negotiated contract price.

II. FINDINGS

The Table of Disputed Services also included services dated 5/12/03, denied on the basis of “U” lack of medical necessity. The requestor failed to submit the IRO fee as required per Rule 133.308. The services of 5/12/03 were subsequently dismissed and will not be reviewed in this decision.

III. RATIONALE

The EOB dated 7/7/03 indicates that a payment of \$33.25 was made by the carrier, representing payment of a negotiated contract price.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP note did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.

Rule 133.1 (a)(8)(c) states “Fair and reasonable reimbursement - Reimbursement that meets the standards set out in §413.011 of the Texas Labor Code, and the lesser of a health care provider's usual and customary charge, or...

(C) a negotiated contract amount.

The requestor did not dispute the amount paid by the carrier. Therefore, additional reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 97110 – therapeutic procedures.

The above Findings and Decision are hereby issued this 5th day of May, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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